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Rev. 6/95

U.S. Department of Commerce  
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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket  
Number

M 6817 MANCO

First Named  
Inventor

Sobonya, et al

## COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that.

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

## COMPOSITE SHEET MATERIAL

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
<input type="text"/>	<input type="text"/>	

Burden Hour Statement. This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington DC 20231

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M 2468 hst

**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112 1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1 56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

<input type="checkbox"/> Firm Name		Customer Number	or label	00423
OR				

☒ List Attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,061	Daniel S. Ortiz	25,123
Stephen D. Harper	33,243		
Glenn E. J. Murphy	33,539		
Kimberly R. Hild	39,224		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number	or label	00423	OR	<input checked="" type="checkbox"/> Fill in correspondence address below
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	William	Middle Initial	A.	Family Name	Sobonya	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Valley View	State	OH	Country	USA	Citizenship	USA
Post Office Address	13735 South Partridge						
Post Office Address							
City	Valley View	State	OH	Zip	44125	Country	USA
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached heretoType a plus sign (+) inside this box → ☐

2025-03-03 09:50:00

<b>DECLARATION</b>										<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>													
<b>Name of Additional Joint Inventor, if any:</b>										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name		Elizabeth				Middle Initial		A.		Family Name		Flores				Suffix e.g. Jr.							
Inventor's Signature												Date											
Residence: City		Sheffield Lake				State		OH		Country		USA				Citizenship		USA					
Post Office Address		420 Buckeye Drive																					
Post Office Address																							
City		Sheffield Lake				State		OH		Zip		44054		Country		USA				Applicant Authority			
<b>Name of Additional Joint Inventor, if any:</b>										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature												Date											
Residence: City						State				Country		USA				Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
<b>Name of Additional Joint Inventor, if any:</b>										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature												Date											
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
<b>Name of Additional Joint Inventor, if any:</b>										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature												Date											
Residence: City						State				Country						Citizenship							
Post Office Address																							
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		<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																					